04/15/2008 19:36

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### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

	FOI All A	kutnorizea Comin	iillee		1	Office Use Only	
1. NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR P		ample:If typing, ty er the lines	/pe			
Brian Davis for Congress	1 1 1 1					1 1 1 1 1 1	
						<u> </u>	
ADDRESS (number and street)	PO Box 108	31					
Check if different than previously reported. (ACC)	Rochester				MN	55903	
2. FEC IDENTIFICATION NUM	IBER ¥	CITY 🛕		S	TATE	ZIP COD	
C00435545		3. IS THIS REPORT	X NEW (N)	or [	AMEND (A)		E ♥ DISTRICT
4. TYPE OF REPORT (Co. (a) Quarterly Reports:  X April 15 Quarterly For Doctober 15 Quarterly For Doctober 15 Quarterly For Danuary 31 Year-E	Report (Q2) rly Report (Q3) nd Report (YE)	Election on	Primary (12P) Convention (1	2C)	General (12 Special (12 Runoff (30)	in the State o	Special (30S)
5. Covering Period 0 1	01	2008	through	03	3 1	2008	
I certify that I have examined this  Type or Print Name of Treasurer	•	best of my knowledg Lillienberg	e and belief it is t	rue, correct a	nd complete.		
	nically Filed by	Lori M. Lillienberg		Da		1 5 enalties of 2 U.S.	2 0 0 8 C 437g.
Office Use Only FE5AN018						FEC FOR (Revised 02/2	

#### **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Brian Davis for Congress ° D 0 1 03 0 1 2008 2008 Report Covering the Period: 3 1 From: To: **COLUMN A COLUMN B This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 34491.90 198592.26 (other than loans) (from Line 11(e))..... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 34491.90 198592.26 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 87909.91 172046.76 (from Line 17)..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 172046.76 87909.91 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 50445.50 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 34804.30 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

FE5AN018

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003) Page 3 Write or Type Committee Name Brian Davis for Congress ° D 0 1 2008 03 2008 From: 0 1 Report Covering the Period: To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 11850.00 110804.00 (i) Itemized (use Schedule A)..... 3993.00 16744.50 (ii) Unitemized..... (iii) TOTAL of contributions 127548.50 15843.00 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 10000.00 12500.00 (such as PACS)..... 8648.90 58543.76 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 34491.90 198592.26 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 24000.00 24000.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 24000.00 24000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 58491.90 222592.26

FEC Form 3 (Revised 02/2003)

#### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

**COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 87909.91 172046.76 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 100.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 87909.91 172146.76 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 79863.51 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 58491.90 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... 138355.41 25. SUBTOTAL (add Line 23 and Line 24)..... 87909.91 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 50445.50 (subtract Line 26 from Line 25).....

	CHEDULE A (FEC Form 3) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 50 (check only one)  X 11a 11b 11c 11d 12 13a 13b 14
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	Brian Davis for Congress		
·	Full Name (Last, First, Middle Initial) Walter R Barry		Date of Receipt
	Mailing Address 2960 Gale Road		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code MN 55391	Transaction ID: SA11AI.4977
	Wayzata FEC ID number of contributing federal political committee.	MN 55391	Amount of Each Receipt this Period  1000.00
	Name of Employer Retired	Occupation Retired	Contribution  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Speriality (2 0.3.0. 44 ra(1)/44 ra-1)
	Full Name (Last, First, Middle Initial) F.W. Corrigan		Date of Receipt
	Mailing Address Po Box 5050		01 28 2008
	City	State Zip Code	Transaction ID: SA11AI.4994
	Carefree	AZ 85377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00 Contribution
	Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
_	Full Name (Last, First, Middle Initial) William Hartsell		Date of Receipt
	Mailing Address 704 S. Washington S	St.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.5010
	Hinsdale  FEC ID number of contributing federal political committee.	IL 60521	Amount of Each Receipt this Period 500.00
	Name of Employer Radiation Oncology Consul- tants, Ltd	Occupation Physician	Contribution  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
Г	NUDTOTAL (D Till D ( )		2500.00

	CHEDULE A (FEC Form 3 ) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 50 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14 11
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Serian Davis for Congress	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)  Matthew J Krasin  Mailing Address 8847 River Hollow Dr  City  Cordova  FEC ID number of contributing federal political committee.  Name of Employer St. Jude	State Zip Code TN 38016  C Occupation Physician	Date of Receipt  0 3
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼  500.00	Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Curtis Mack Mailing Address 1845 W. Orange Grov	e Rd #1	Date of Receipt  0 3 3 1 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.5039
	Tucson  FEC ID number of contributing federal political committee.	AZ 85704	Amount of Each Receipt this Period  300.00
	Name of Employer Arizona Oncology	Occupation Physician	Contribution  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) L. Scott McGinnis		Date of Receipt
	Mailing Address 2700 Beretania Circle		01 07 7 2008
	City	State Zip Code	Transaction ID: SA11AI.5045
	Charlotte FEC ID number of contributing federal political committee.	NC 28211	Amount of Each Receipt this Period  250.00
	Name of Employer Southeast Radiation Oncology Group Receipt For: 2008  X Primary General Other (specify) ▼	Occupation MD  Election Cycle-to-Date  250.00	Contribution  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)		800.00

	SCHEDULE A (FEC Form 3 ) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 7 / 50 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Brian Davis for Congress	tatements may not be name and address o	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) C. K. D. Minar			Date of Receipt
	Mailing Address 4660 Weston Woods \			03 31 7 2008
	City		ip Code	Transaction ID: SA11AI.5047
	White Bear Townshi FEC ID number of contributing federal political committee.	MN 5	5127	Amount of Each Receipt this Period  1000.00
	Name of Employer Retired	Occupation Retired		Contribution  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to	D-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
_	Full Name (Last, First, Middle Initial) John Morris			Date of Receipt
	Mailing Address 5830 Heather Dr SW			0 1
	City		ip Code	Transaction ID: SA11AI.5310
	Rochester	<u>MN</u> 5	5902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00  In-kind - Air Travel
	Name of Employer Mayo Clinic	Occupation Physician		Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify)	Election Cycle-to	D-Date ▼ 1850.00	Spending (2 U.S.C. 441a(i)/441a-1)
_	Full Name (Last, First, Middle Initial) John Morris			Date of Receipt
	Mailing Address 5830 Heather Dr SW			03 08 YYYYY 2008
	City		ip Code	Transaction ID: SA11AI.5312
	Rochester	<u>MN 5</u>	5902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		550.00
	Name of Employer Mayo Clinic	Occupation Physician		In-kind - Air Travel Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to	o-Date ▼ 2400.00	Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)			1900.00

	SCHEDULE A (FEC Form 3 ) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 50 (check only one)    X   11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Brian Davis for Congress	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) John Morris Mailing Address 5830 Heather Dr SW		Date of Receipt  0 3 0 8 2 0 0 8
	City Rochester	State Zip Code MN 55902	Transaction ID: SA11AI.5338  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	-100.00
	Name of Employer Mayo Clinic  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Physician Election Cycle-to-Date  .00	Redesignate: From Primary to General  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  [MEMO ITEM]
	Full Name (Last, First, Middle Initial) John Morris  Mailing Address 5830 Heather Dr SW		Date of Receipt  0 3 0 9 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.5337
	Rochester  FEC ID number of contributing federal political committee.	MN 55902	Amount of Each Receipt this Period  100.00
	Name of Employer Mayo Clinic	Occupation Physician	Redesignate: From Primary to General Limit Increased Due to Opponent's
	Receipt For: 2008  Primary X General  Other (specify) ▼	Election Cycle-to-Date ▼ .00	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
_	Full Name (Last, First, Middle Initial) Clinton Morrison		Date of Receipt
	Mailing Address 2400 Cedar Point Drive	9	0 1 2 8 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.5048
	Wayzata FEC ID number of contributing federal political committee.	MN 55391	Amount of Each Receipt this Period 500.00
	Name of Employer Retired	Occupation Retired	Contribution  Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify)	Election Cycle-to-Date ▼ 505.00	Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)		500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may	not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and add	diess of any political committee to	Solicit contributions from such committee.
Brian Davis for Congress			
Full Name (Last, First, Middle Initial) Mohamed Nouri			Date of Receipt
Mailing Address 1920 S 1st St Apt 1	001		03
City	State	Zip Code	Transaction ID: SA11AI.5056
Minneapolis	MN	55454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Self Employed	Occupation	n	Contribution
Selt Employed	Real Esta		Limit Increased Due to Opponent's
Receipt For: 2008	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0	2000.00	
Full Name (Last, First, Middle Initial) Linda Pettman			Date of Receipt
Mailing Address 101 Carlton Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5236
<u>Mankato</u>	MN	56001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer MSU - Mankato	Occupation		In-kind - Newspaper Ad Limit Increased Due to Opponent's
Receipt For: 2008	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Andrew D Rule			Date of Receipt
Mailing Address 851 Amber Ridge L	n SW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5072
Rochester	MN	55902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Mayo Clinic	Occupation Physician		Contribution  Limit Increased Due to Opponent's
Receipt For: 2008		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General			1
Other (specify) ▼		350.00	
SUBTOTAL of Receipts This Page (optional	D.		2650.00

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 50 (check only one)    X
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Brian Davis for Congress		
Full Name (Last, First, Middle Initial) James R Weinel		Date of Receipt
Mailing Address 14538 Bloomfield Pl  City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rosemount	MN 55068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Gemini Inc.	Occupation Officer	Contribution  Limit Increased Due to Opponent's
Receipt For: 2008  X Primary General Other (specify)	Election Cycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Barbara A Wigley Mailing Address Po Box 376		Date of Receipt
Walling Address PO BOX 376		03 31 2008
City	State Zip Code	Transaction ID: SA11AI.5102
Long Lake	MN 55356	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00  Contribution
Name of Employer Great Plains Cos Inc	Occupation Director	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008  X Primary General  Other (specify)	Election Cycle-to-Date ▼ 1500.00	Spending (2 0.3.0. 44 (a(i)/44 (a*1))
Full Name (Last, First, Middle Initial) Michael R Wigley		Date of Receipt
Mailing Address Po Box 376		03 / 31 / 2008
City	State Zip Code	Transaction ID: SA11AI.5104
Long Lake  FEC ID number of contributing federal political committee.	MN 55356	Amount of Each Receipt this Period 1500.00
Name of Employer Great Plains Cos Inc	Occupation Ceo	Contribution  Limit Increased Due to Opponent's
Receipt For: 2008  X Primary General Other (specify)	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)		3500.00
TOTAL This Period (last page this line number	·	11850.00

PAGE 11/50 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Brian Davis for Congress Full Name (Last, First, Middle Initial) FREEDOM CLUB FEDERAL PAC Date of Receipt A. Mailing Address 9210 Science Center Drive 02 18 2008 City Zip Code State Transaction ID: SA11C.5113 New Hope MN 55428 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00307777 federal political committee. Contribution Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) В. FREEDOM CLUB FEDERAL PAC Date of Receipt Mailing Address 9210 Science Center Drive 0 3 3 1 2008 City State Zip Code Transaction ID: SA11C.5111 New Hope MN 55428 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C C00307777 federal political committee. Contribution Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date Primary X General 10000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	10000.00
TOTAL This Period (last page this line number only)	<b></b>	10000.00

	CHEDULE A (FEC Form 3 ) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 50 (check only one)  11a 11b 11c X 11d 12 13a 13b 14
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Prian Davis for Congress	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Brian James Davis Mailing Address 839 Amber Ridge Ln  City Rochester  FEC ID number of contributing federal political committee.	SW State Zip Code MN 55902	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Mayo Clinic  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Physician Election Cycle-to-Date ▼  50173.77	In-kind - Lodging  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
_	Full Name (Last, First, Middle Initial) Brian James Davis  Mailing Address 839 Amber Ridge Ln	SW	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Rochester	State Zip Code MN 55902	Transaction ID: SA11D.5116
	FEC ID number of contributing federal political committee.	MN 55902	Amount of Each Receipt this Period  32.15
	Name of Employer Mayo Clinic  Receipt For: 2008  X Primary General	Occupation Physician  Election Cycle-to-Date ▼  50205.92	In-kind - Shipping  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
_	Other (specify)  Full Name (Last, First, Middle Initial) Brian James Davis		Date of Receipt
	Mailing Address 839 Amber Ridge Ln	SW	02 07 2008
	City	State Zip Code	Transaction ID: SA11D.5118
	Rochester  FEC ID number of contributing federal political committee.	MN 55902	Amount of Each Receipt this Period  32.15
	Name of Employer Mayo Clinic	Occupation Physician	In-kind - Shipping  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 50238.07	Opending (2 0.0.0. 441a(1)/441a-1)
Γ	DUDTOTAL of Describe This Descriptional		343.21

	HEDULE A (FEC Form 3 ) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 50 (check only one)  11a 11b 11c X 11d 12 13a 13b 14
or for	commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	AME OF COMMITTEE (In Full) rian Davis for Congress			
Br	ull Name (Last, First, Middle Initial) rian James Davis			Date of Receipt
_	ailing Address 839 Amber Ridge Ln		= -	02 11 2008
Ci <u>R</u>	ochester	State MN	Zip Code 55902	Transaction ID: SA11D.5302  Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		125.00
Re	ame of Employer ayo Clinic  eceipt For: 2008  X Primary General  Other (specify)	Occupation Physician Election C		In-kind - Food & Beverage  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Br	ull Name (Last, First, Middle Initial) rian James Davis ailing Address 839 Amber Ridge Ln	SW		Date of Receipt
Ci	ity	State	Zip Code	0 2 2 2 2 0 0 8  Transaction ID: SA11D.5120
<u>R</u>	ochester	MN	55902	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		87.95
Na M	ame of Employer ayo Clinic	Occupation Physician		In-kind - Food & Beverage  Limit Increased Due to Opponent's
	eceipt For: 2008  X Primary General  Other (specify)	Election C	ycle-to-Date ▼ 50451.02	Spending (2 U.S.C. 441a(i)/441a-1)
	ull Name (Last, First, Middle Initial) rian James Davis			Date of Receipt
Ma	ailing Address 839 Amber Ridge Ln	SW		03 07 7 2008
Ci	ity ochester	State MN	Zip Code 55902	Transaction ID: SA11D.5297
FE	EC ID number of contributing deral political committee.	C	33902	Amount of Each Receipt this Period  35.00
Na M	ame of Employer layo Clinic	Occupation Physician		In-kind - Food & Beverage  Limit Increased Due to Opponent's
	eceipt For: 2008  X Primary General Other (specify)	_,	ycle-to-Date ▼ 50486.02	Spending (2 U.S.C. 441a(i)/441a-1)
CLID	STOTAL of Receipts This Page (optional)	<u> </u>		247.95

Γ	CHEDULE A (FEC Form 3 FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page  I Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 14 / 50 (check only one)  11a 11b 11c X 11d 12 13a 13b 14 1
	ny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Brian Davis for Congress	he name and address of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Brian James Davis Mailing Address 820 Amber Bidge La	CIM	Date of Receipt
	Mailing Address 839 Amber Ridge Ln		03 10 2008
	City Rochester	State Zip Code MN 55902	Transaction ID: SA11D.5122  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	8.51
	Name of Employer Mayo Clinic  Receipt For: 2008	Occupation Physician Election Cycle-to-Date	In-kind - Food & Beverage  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	50494.53	
	Full Name (Last, First, Middle Initial) Brian James Davis Mailing Address 839 Amber Ridge Ln	SW	Date of Receipt  0 3 1 0 2 0 0 8
	City	State Zip Code	Transaction ID: SA11D.5300
	Rochester	MN 55902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	35.00
	Name of Employer Mayo Clinic	Occupation Physician	In-kind - Food & Beverage  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 50529.53	Sponding (2 0.0.0. 441a(i)/441a 1)
_	Full Name (Last, First, Middle Initial) Brian James Davis		Date of Receipt
	Mailing Address 839 Amber Ridge Ln	SW	03 11 2008
	City	State Zip Code	Transaction ID: SA11D.5124
	Rochester  FEC ID number of contributing federal political committee.	MN 55902	Amount of Each Receipt this Period  99.54
	Name of Employer Mayo Clinic	Occupation Physician	In-kind - Lodging Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 50629.07	Spending (2 U.S.C. 441a(i)/441a-1)
	SURTOTAL of Receipts This Page (ontional)		143.05

ľ	SCHEDULE A (FEC Form 3 ) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 50 (check only one)  11a 11b 11c X 11d 12 13a 13b 14 1
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Brian Davis for Congress	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
. ∠	Full Name (Last, First, Middle Initial) Brian James Davis  Mailing Address 839 Amber Ridge Ln	SW	Date of Receipt
	City Rochester	State Zip Code MN 55902	Transaction ID: SA11D.5126  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	99.54
	Name of Employer Mayo Clinic  Receipt For: 2008  X Primary General  Other (specify) ▼	Occupation Physician Election Cycle-to-Date  50728.61	In-kind - Lodging  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Brian James Davis Mailing Address 839 Amber Ridge Ln	SW	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City	State Zip Code	Transaction ID: SA11D.5128
	Rochester	MN 55902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	164.86 In-kind - Loding
	Name of Employer Mayo Clinic  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Physician  Election Cycle-to-Date  50893.47	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
_	Full Name (Last, First, Middle Initial)		Date of Descript
	Brian James Davis  Mailing Address 839 Amber Ridge Ln	SW	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City Rochester	State Zip Code MN 55902	Transaction ID: SA11D.5130  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	164.04
	Name of Employer Mayo Clinic	Occupation Physician	In-kind - Lodging Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 51057.51	Spending (2 U.S.C. 441a(i)/441a-1)
	SUBTOTAL of Receipts This Page (optional)		428.44

PAGE 16/50 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11d 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Brian Davis for Congress Full Name (Last, First, Middle Initial) Date of Receipt A. Brian James Davis Mailing Address 839 Amber Ridge Ln SW 03 3 1 2008 City Zip Code State Transaction ID: SA11D.5134 **Roches**ter MN 55902 Amount of Each Receipt this Period FEC ID number of contributing 214.25 C federal political committee. In-kind - Food & Beverage Name of Employer Mayo Clinic Occupation Limit Increased Due to Opponent's Physician Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 51271.76 Other (specify) Full Name (Last, First, Middle Initial) В. Brian James Davis Date of Receipt Mailing Address 839 Amber Ridge Ln SW 0 3 31 2008 City Zip Code State Transaction ID: SA11D.5323 Rochester MN 55902 Amount of Each Receipt this Period FEC ID number of contributing 7272.00 C federal political committee. In-kind - Mileage Expense Name of Employer Mayo Clinic Occupation Physician Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 58543.76 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	7486.25
TOTAL This Period (last page this line number only)	<b></b>	8648.90

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	le (Check only one)
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Brian Davis for Congress		
Full Name (Last, First, Middle Initial) Brian James Davis Mailing Address 839 Amber Ridge Ln	SW	Date of Receipt  0 3 3 1 2 0 0 8
City	State Zip Code	Transaction ID: SA13A.5333
Rochester	MN 55902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24000.00
Name of Employer Mayo Clinic	Occupation Physician	Loan From Personal Funds  Limit Increased Due to Opponent's
Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 82543.	Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	24000.00
TOTAL This Period (last page this line number only)	<b>•</b>	24000.00

В.

C.

SCHEDULE B (FEC Form 3 ) FOR LINE NUMBER: PAGE 18/50 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Brian Davis for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB17.4975 AT&T Date of Disbursement 15 o 1 2008 Mailing Address 10790 Parkridge Blvd Suite 100 City State Zip Code Amount of Each Disbursement this Period 20191 Reston V۸ 159.02 Purpose of Disbursement Phone Expense Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17.4948 AT&T Date of Disbursement 2 2 0 2 2008 Mailing Address 10790 Parkridge Blvd Suite 100 City State Zip Code Amount of Each Disbursement this Period 20191 Reston V۸ 198.73 Purpose of Disbursement Phone Expense Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17.4943 Date of Disbursement 24 2008 Mailing Address 10790 Parkridge Blvd Suite 100 City State Zip Code Amount of Each Disbursement this Period Reston VA 20191 161.02 Purpose of Disbursement Phone Eexpense Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 518.77 SUBTOTAL of Disbursements This Page (optional) ....  $\triangleright$ 

TOTAL This Period (last page this line number only)

FOR LINE NUMBER: (check only one) PAGE 19/50 Use separate schedule(s) for each category of the

		Detailed	d Summary Page			X	17 20a	Н	18		198	_	19b 21
	r Information copied from such Reports and Staten or commercial purposes, other than using the nam						the pu		se c	of soli	citing	conti	ibutions
	NAME OF COMMITTEE (In Full)	<u> </u>										-	
\	Brian Davis for Congress												
	Full Name (Last, First, Middle Initial)						Trans			_		496	4
	Charles Buhr						Date o		ISDI			V	V
	Mailing Address 210 2nd Ave NW Apt 7						0 2		Ĺ	2 5		<u>.</u>	Ž 0 Ŏ 8 Š
	City Stewartville	State MN	Zip Code 55976				Amou	nt o	f E	ach D	isburs	eme	nt this Perio
	Purpose of Disbursement				• • •								500.00
	Fundraising Consulting			L							osalo		
	Candidate Name			С	ategory/ Type					. 400	Requir 53	ea U	naer
	Senate President	ement For: Primary Other (sp	General pecify) ▼										
	State: District: Full Name (Last, First, Middle Initial)					+							-
	Charles Buhr						Trans Date o		-	_		517	8
	Mailing Address 210 2nd Ave NW Apt 7						0 3	М	′	1 3	1	Υ	2 0 0 8 °
	City Stewartville	State MN	Zip Code 55976				Amou	nt o	f Ea	ach D	isburs	eme	nt this Perio
	Purpose of Disbursement Fundraising Consulting	IVIIA	33370	Г	•		De	ofun	d 0	r Dier	osal o	f Ev	250.00
	Candidate Name			С	ategory/ Type		Cc	ontril	but		Requir		
	Office Sought: House Senate President State: District:	ement For: Primary Other (sp	General pecify) ▼		<i></i>								
	Full Name (Last, First, Middle Initial) Capitol Communications						Trans Date o			_		515	9
	Mailing Address 10969 Pierce St NE						0 <sup>M</sup> 2	М	′	0 6	/	Υ	2 0 0 8 °
	City Blaine	State MN	Zip Code 55434				Amou	nt o	f Ea	ach D	isburs	eme	nt this Perio
	Purpose of Disbursement	-										_ :	2000.00
	Communications Consulting			L		Γ	Re	efun	d o	r Disp	osal	f Ex	cess
	Candidate Name			C	ategory/ Type					ions I . 400.	Requir 53	ed U	nder
	Office Sought: House Disburse Senate President	ement For: Primary Other (sp	General pecify) ▼										
	State: District:												
	JBTOTAL of Disbursements This Page (optional)				▶					-	-	9	750.00

## SCHEDULE B (FEC Form 3 )

FOR LINE NUMBER: (check only one) PAGE 20/50 Use separate schedule(s) for each category of the

EMIZED DISBURSEMENTS		I Summary Page		X	17 20a	$\dashv$	18		19a 20a		19b 21
ny Information copied from such Reports and Stat for commercial purposes, other than using the na					the pu		se c	of soli	citing	contr	ibutions
NAME OF COMMITTEE (In Full)											
Brian Davis for Congress											
Full Name (Last, First, Middle Initial) Capitol Communications					Trans Date o			_		516	9
Mailing Address 10969 Pierce St NE					0 2	М	/	<sup>D</sup> 2 5	) /	Υ	ž 0 0 8 °
City Blaine	State MN	Zip Code 55434			Amou	nt o	f Ea	ach D	isburs	eme	nt this Perio
Purpose of Disbursement			• • •							_	1000.00
Candidate Name			ategory/ Type		Cc	ntril	but		osal o Requir 53		
Office Sought: House Disbu Senate President State: District:	Primary Other (sp	General pecify) ▼									
Full Name (Last, First, Middle Initial) Capitol Communications					Trans			_		517	9
Mailing Address 10969 Pierce St NE						M	/ <b>[</b>	D [		Y	2 0 0 8 °
City Blaine	State MN	Zip Code 55434			Amou	nt o	f Ea	ach D	isburs	seme	nt this Perio
Purpose of Disbursement Travel Expense - Lodging/Parking				1	Re	fun	d o	r Disr	osal (	of Ex	387.49
Candidate Name			ategory/ Type	L	Cc	ntril	but		Requir		
Office Sought: House Disbute Senate President State: District:	Primary Other (sp	General pecify) ▼									
Full Name (Last, First, Middle Initial)  Capitol Communications					Trans		-	_		518	0
Mailing Address 10969 Pierce St NE					0 3	М	′	<sup>D</sup> 1 4	/	Υ	2 0 0 8 °
City Blaine	State MN	Zip Code 55434			Amou	nt o	f E	ach D	isburs	eme	nt this Perio
Purpose of Disbursement			•		L <u>.</u>						417.63
Travel Expense - Lodging/Parking Candidate Name			ategory/ Type		Cc	ntril	but		osal o Requir 53		
Senate President	rsement For: Primary Other (sp	General pecify)									
State: District:						_	_				
SUBTOTAL of Disbursements This Page (optional	al)		▶							4	805.12

FOR LINE NUMBER: (check only one) PAGE 21/50 Use separate schedule(s) for each category of the Detailed Summary Page

	nay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)  Brian Davis for Congress	
Full Name (Last, First, Middle Initial) Capitol Communications  Mailing Address 10969 Pierce St NE	Transaction ID: SB17.5183 Date of Disbursement  M3 M / D2 D / Y Y Y O Y 8 Y
City State Blaine MN  Purpose of Disbursement Communications Consulting  Candidate Name  Office Sought: House Senate Prim President  State: District:	
Full Name (Last, First, Middle Initial) Brian James Davis  Mailing Address 839 Amber Ridge Ln SW	Transaction ID: SB17.5115 Date of Disbursement  M 2 M / D 0 4 / Y 2 0 0 8
State: MN District: 01  Full Name (Last, First, Middle Initial) Brian James Davis  Mailing Address 839 Amber Ridge Ln SW	Transaction ID: SB17.5117 Date of Disbursement  M2 M / D0 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Rochester MN  Purpose of Disbursement In-kind - Shipping Candidate Name Brian James Davis  Office Sought: X House Disbursement Senate X Prim President State: MN District: 01	
SUBTOTAL of Disbursements This Page (optional)	3311.06

## SCHEDULE B (FEC Form 3 )

FOR LINE NUMBER: (check only one) PAGE 22/50 Use separate schedule(s) for each category of the

EMIZED DISBURSEMENTS		d Summary Page			Х	17 20a	Н	18		19a 20d	_	19b 21
ny Information copied from such Reports and for commercial purposes, other than using the						the pu		se o	of soli	citing o	ontr	butions
NAME OF COMMITTEE (In Full)												
Brian Davis for Congress												
Full Name (Last, First, Middle Initial) Brian James Davis						Trans			_		5119	)
Brian James Davis						Date o	м	/ I		-	Υ	YYY
Mailing Address 839 Amber Ridge L	n SW					0 2	_	L	0 7			8 0 0 2
City Rochester	State MN	Zip Code 55902				Amou	nt o	f E	ach D	isburs	eme	nt this Perio
Purpose of Disbursement			Г	•								32.15
In-kind - Shipping Candidate Name			C	ategory/		Co	ontri	but	ions İ	osal o Require		
Brian James Davis				Туре		11	C.F	F.R	. 400	53		
Office Sought:  X House Senate President State: MN District: 01	sbursement For X Primary Other (s	: 2008 General pecify) ▼										
Full Name (Last, First, Middle Initial)						Trans	acti	ion	יחו פ	B17	5301	
Brian James Davis						Date o	of D	-	ursen	ent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address 839 Amber Ridge L	n SW					0 2	М	<sup>′</sup>	11	) /	Y	2 0 0 8 °
City Rochester	State MN	Zip Code 55902			$\dagger$	Amou	nt o	f E	ach D	isburs	eme	nt this Perio
Purpose of Disbursement In-kind - Food & Beverage			Г		١,	Re	efun	d o	r Disp	osal o	f Exc	125.00 ess
Candidate Name Brian James Davis			С	ategory/ Type	L				ions i	Require 53	ed U	nder
Office Sought:  X House Senate President State: MN District: 01	x Primary Other (s	: 2008 General pecify) ▼										
Full Name (Last, First, Middle Initial) Brian James Davis						Trans Date o			_		512	
Mailing Address 839 Amber Ridge L	n SW					0 <sup>M</sup> 2	М	′	<sup>D</sup> 2 2	2 /	Y 2	2008
City Rochester	State MN	Zip Code 55902				Amou	nt o	f E	ach D	isburs	eme	nt this Perio
Purpose of Disbursement In-kind - Food & Beverage			Г			D <sub>2</sub>	ofun	d 0	r Dier	osal o	f Ev	87.95
Candidate Name Brian James Davis			С	ategory/ Type		Co	ontri	but		Require		
Senate President	sbursement For X Primary Other (s	: 2008 General		··								
State: MN District: 01												
SUBTOTAL of Disbursements This Page (opt	ional)			▶		'						245.10

FOR LINE NUMBER: (check only one) PAGE 23/50 Use separate schedule(s) for each category of the Detailed Summary Page 17 18 19a 19b 20a 20b 20c 21

NAME OF COM Brian Davis fo	MITTEE (In Full) or Congress			
Full Name (Last Brian James Mailing Address		ne I n SW		Transaction ID: SB17.5298 Date of Disbursement
City Rochester Purpose of Disb In-kind - Food & Candidate Name Brian James Office Sought:	ursement Beverage	State Zip Cod MN 55902  Disbursement For: 200	Category/ Type	Amount of Each Disbursement this Peri  35.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: MN Full Name (Last Brian James Mailing Address		Other (specify) ▼		Transaction ID: SB17.5123 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester Purpose of Disb In-kind - Food & Candidate Name Brian James	Beverage e Davis	State Zip Cod MN 55902	Category/ Type	Amount of Each Disbursement this Period 8.51  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State: MN	X House Senate President District: 01	Disbursement For: 200  X Primary Ge Other (specify)	08 eneral	
Full Name (Last Brian James Mailing Address		ge Ln SW		Transaction ID: SB17.5301 Date of Disbursement  M M M / D D D / Y Y Y O O 8
City Rochester Purpose of Disb In-kind - Food & Candidate Name Brian James	Beverage e	State Zip Cod MN 55902		Amount of Each Disbursement this Peri  35.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State: MN	X House Senate President District: 01	Disbursement For: 200  X Primary Ge Other (specify)		
SURTOTAL of Dis	shursements This Page	(optional)		78.51

В.

C.

#### SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 24/50 Use separate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Brian Davis for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB17.5125 Brian James Davis Date of Disbursement 0 3 2008 Mailing Address 839 Amber Ridge Ln SW City Zip Code State Amount of Each Disbursement this Period MN 55902 Rochester 99.54 Purpose of Disbursement In-kind - Lodging Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Brian James Davis Type Office Sought: Disbursement For: 2008 χ House X Primary Senate General President Other (specify) State: MN District: 01 Full Name (Last, First, Middle Initial) Transaction ID: SB17.5127 Brian James Davis Date of Disbursement 0 3 2008 Mailing Address 839 Amber Ridge Ln SW City State Zip Code Amount of Each Disbursement this Period 55902 Rochester MN 99.54 Purpose of Disbursement In-kind - Lodging Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Brian James Davis Type χ House Office Sought: Disbursement For: 2008 Senate X Primary General President Other (specify) State: MN District: 01 Full Name (Last, First, Middle Initial) Transaction ID: SB17.5129 Brian James Davis Date of Disbursement 20 2008 Mailing Address 839 Amber Ridge Ln SW City State Zip Code Amount of Each Disbursement this Period Rochester MN 55902 164.86 Purpose of Disbursement In-kind - Loding Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 **Brian James Davis** Type Office Sought: χ House Disbursement For: 2008 Senate X Primary General Other (specify) President State: MN District: 01

363.94

SUBTOTAL of Disbursements This Page (optional) ....

TOTAL This Period (last page this line number only)

FOR LINE NUMBER: (check only one) PAGE 25/50 Use separate schedule(s) for each category of the Detailed Summary Page X 17 | 18 | 19a | 19b

	Detailed Suffillary Fagi		20a 20b 20c 21
			for the purpose of soliciting contributions plicit contributions from such committee
NAME OF COMMITTEE (In Full)	sing the name and address of any politic	Sai Committee to St	Sicil Contributions from Such Committee
Brian Davis for Congress			
Full Name (Last, First, Middle Initial)			Transaction ID: SB17.5131
Brian James Davis			Date of Disbursement
Mailing Address 839 Amber Ri	dge Ln SW		03 7 28 7 2008
City Rochester	State Zip Code MN 55902		Amount of Each Disbursement this Period
Purpose of Disbursement			164.04
In-kind - Lodging		السبيا ا	Refund or Disposal of Excess Contributions Required Under
Candidate Name Brian James Davis		Category/ Type	11 C.F.R. 400.53
Office Sought:  X House Senate President	Disbursement For: 2008  X Primary General Other (specify)	al	
State: MN District: 01	Carlot (opcony)		
Full Name (Last, First, Middle Initial) Brian James Davis			Transaction ID: SB17.5135 Date of Disbursement
Mailing Address 839 Amber Ri	dge Ln SW		03 7 3 1 7 2 0 0 8
City Rochester	State Zip Code MN 55902		Amount of Each Disbursement this Period
Purpose of Disbursement In-kind - Food & Beverage			214.25  Refund or Disposal of Excess
Candidate Name Brian James Davis		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought:  X House Senate President State: MN District: 01	Disbursement For: 2008  X Primary Genera  Other (specify) ▼	al	
Full Name (Last, First, Middle Initial)			Transaction ID: SB17.5324
Brian James Davis			Date of Disbursement
Mailing Address 839 Amber Ri	dge Ln SW		03 7 3 1 7 2 0 0 8
City Rochester	State Zip Code MN 55902		Amount of Each Disbursement this Period
Purpose of Disbursement			7272.00
In-kind - Mileage Expense			Refund or Disposal of Excess Contributions Required Under
Candidate Name Brian James Davis		Category/ Type	11 C.F.R. 400.53
Office Sought:  X House Senate President State: MN District: 01	Disbursement For: 2008  X Primary General Other (specify)		
State. IVIIV DISTIICL. U I			7650.29
	ge (optional)		. /65H 2U

FOR LINE NUMBER: (check only one) PAGE 26/50 Use separate schedule(s) for each category of the 19a 19b Detailed Summary Page 17 18 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

NAME OF COMMIT Brian Davis for C	( - /				
Full Name (Last, Fir FedEx Kinkos Mailing Address	st, Middle Initial)  440 Crossroads	Dr SW			Transaction ID: SB17.4957 Date of Disbursement  O 2
City Rochester		State MN	Zip Code 55902		Amount of Each Disbursement this Pe
Purpose of Disburse	ement				7.70
Shipping					Refund or Disposal of Excess
Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought:  State:	House Senate President	Disbursement For: Primary Other (sp	General ecify)	1,700	
Full Name (Last, Fir					0047.4050
FedEx Kinkos	ot, middio ilitidi)				Transaction ID: SB17.4959 Date of Disbursement
Mailing Address	440 Crossroads	Dr SW			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O & D \\ O & A \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} $
City		State	Zip Code		Amount of Each Disbursement this Pe
Rochester		MN	55902		10.05
Purpose of Disburse	ement				10.05
Shipping Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:	House Senate President	Disbursement For: Primary Other (sp	General pecify) ▼		
	istrict:	-			
Full Name (Last, Fir FedEx Kinkos	st, Middle Initial)				Transaction ID: SB17.4960 Date of Disbursement
Mailing Address	440 Crossroads	Dr SW			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & O & D \\ O & A \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & O & Y \\ Z & O & O & S \end{smallmatrix} $
City Rochester		State MN	Zip Code 55902		Amount of Each Disbursement this Pe
Purpose of Disburse	ament	IVIIN	33302		10.05
Shipping	anont.				Refund or Disposal of Excess
Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought:	House Senate President	Disbursement For: Primary Other (sp	General pecify) ▼		
State: D	ท่อนไป.				
		(optional)			27.80

В.

C.

#### SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full) Brian Davis for Congress

Full Name (Last, First, Middle Initial)

440 Crossroads Dr SW

440 Crossroads Dr SW

440 Crossroads Dr SW

Disbursement For:

Primary

Other (specify)

House

Senate

House

Senate

House

Senate

District:

President

District:

Full Name (Last, First, Middle Initial)

President

District:

Full Name (Last, First, Middle Initial)

President

FedEx Kinkos

Mailing Address

Candidate Name

Office Sought:

FedEx Kinkos

Mailing Address

Candidate Name

Office Sought:

FedEx Kinkos

Mailing Address

Candidate Name

Office Sought:

Purpose of Disbursement

Rochester

Shipping

State:

FE5AN018

Purpose of Disbursement

Rochester

Shipping

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Purpose of Disbursement

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FOR LINE NUMBER: PAGE 27/50 Use separate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Transaction ID: SB17.4961 Date of Disbursement 0 4 0 2 2008 State Zip Code Amount of Each Disbursement this Period MN 55902 10.05 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: General Primary Other (specify) Transaction ID: SB17.4965 Date of Disbursement 0 4 0 2 2008 State Zip Code Amount of Each Disbursement this Period 55902 MN 10.14 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: Primary General Other (specify) Transaction ID: SB17.4966 Date of Disbursement 0 4 2008 State Zip Code Amount of Each Disbursement this Period MN 55902 10.14 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53

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#### SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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### SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full) Brian Davis for Congress

Zachary Freimark

Purpose of Disbursement Operations Consulting

> House Senate

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Senate

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Mailing Address

Minneapolis

Candidate Name

Office Sought:

Zachary Freimark

Purpose of Disbursement Operations Consulting

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Purpose of Disbursement Operations Consulting

Mailing Address

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Candidate Name

Office Sought:

State:

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FOR LINE NUMBER: PAGE 32/50 Use separate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) Transaction ID: SB17.5167 Date of Disbursement 25 0 2 2008 2601 Garfield Ave #207 Zip Code State Amount of Each Disbursement this Period MN 55408 1700.00 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: SB17.5170 Date of Disbursement 26 0 2 2008 2601 Garfield Ave #207 State Zip Code Amount of Each Disbursement this Period 55408 MN 800.00 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: SB17.5182 Date of Disbursement 2008 2601 Garfield Ave #207 State Zip Code Amount of Each Disbursement this Period MN 55408 2550.00 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For:

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#### SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 33 / 50 Use separate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Brian Davis for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB17.5184 Zachary Freimark Date of Disbursement 0 3 28 2008 Mailing Address 2601 Garfield Ave #207 Zip Code City State Amount of Each Disbursement this Period Minneapolis MN 55408 633.52 Purpose of Disbursement Reimbursement: See Below Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17.5184.1 Holiday Inn Express - Rochester Date of Disbursement 0 2 2008 Mailing Address 220 S Broadway City State Zip Code Amount of Each Disbursement this Period 55904 Rochester MN 109.49 Purpose of Disbursement Lodging Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17.5184.2 FedEx Kinkos Date of Disbursement 2008 Mailing Address 440 Crossroads Dr SW City State Zip Code Amount of Each Disbursement this Period Rochester MN 55902 52.37 Purpose of Disbursement Printing Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District:

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### SCHEDULE B (FEC Form 3 ) **ITEMIZED DISBURSEMENTS**

NAME OF COMMITTEE (In Full) Brian Davis for Congress

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Candidate Name	Category/ Type	11 C.F.R. 400.53
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$\rangle$	Brian Davis for Congress												
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### SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 38 / 50 Use separate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Brian Davis for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB17.5136 Maelstrom Solutions Corp. Date of Disbursement 3 1้ o 1 2008 250 N Sunny Slope Suite 300 State Zip Code Amount of Each Disbursement this Period WI 53005 42.80 Purpose of Disbursement Credit Card Processing Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: House Senate Primary General President Other (specify) District: Full Name (Last, First, Middle Initial) Transaction ID: SB17.5137 Maelstrom Solutions Corp. Date of Disbursement 2 9 0 2 2008 250 N Sunny Slope Suite 300 State Zip Code Amount of Each Disbursement this Period 53005 W١ 20.90 Purpose of Disbursement Credit Card Processing Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type House Disbursement For: Senate Primary General President Other (specify) District: Full Name (Last, First, Middle Initial) Transaction ID: SB17.5138 Maelstrom Solutions Corp. Date of Disbursement 3 1 2008 250 N Sunny Slope Suite 300 State Zip Code Amount of Each Disbursement this Period WΙ 53005 317.25 Purpose of Disbursement Credit Card Processing Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type House Disbursement For: Senate Primary General President Other (specify) District:

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Brian Davis for Congress			
Full Name (Last, First, Middle Initia	.D		
John Morris	u)		Transaction ID: SB17.5313 Date of Disbursement
Mailing Address 5830 Heath	er Dr SW		$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 8 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
City Rochester	State Zip Code MN 55902		Amount of Each Disbursement this Perio
Purpose of Disbursement			550.00
In-kind - Air Travel			Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House	Disbursement For: 2008	•	1
Senate	X Primary General		
State: President District:	Other (specify)		
Full Name (Last, First, Middle Initia	1)		Transaction ID: CD17 5157
Olmsted County Rep. Party	,		Transaction ID: SB17.5157 Date of Disbursement
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 1530 Green	view Dr SW Ste 115		02 03 2008
City Rochester	State Zip Code MN 55902		Amount of Each Disbursement this Period
Purpose of Disbursement	3332		500.00
Event Sponsor			Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House	Disbursement For:		
Senate	Primary Genera		
State: President District:	Other (specify)		
Full Name (Last, First, Middle Initia	al)		Transaction ID: CD17 F000
Linda Pettman	• 7		Transaction ID: SB17.5238  Date of Disbursement
Mailing Address 101 Carlton	Ct		02 05 2 2008
City	State Zip Code		Amount of Each Disbursement this Perio
Mankato	MN 56001		200.55
Purpose of Disbursement			300.00
In-kind - Newspaper Ad Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
Candidate Name		Type	11 C.F.R. 400.53
Office Sought: House	Disbursement For: 2008		1
Senate	X Primary Genera	I	
President	Other (specify) ▼		
State: District:			
NIDTOTAL of Dialescents Till	Page (optional)		1350.00

A.

В.

C.

### SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full) Brian Davis for Congress

Full Name (Last, First, Middle Initial)

Information Requested

House Senate

House

Senate

House

Senate

District:

Full Name (Last, First, Middle Initial)

President

9001 Lakeview Rd

District:

Full Name (Last, First, Middle Initial)

President

Information Requested

**David Roberts** 

Mailing Address

**Dodge Center** 

Candidate Name

Office Sought:

**David Roberts** 

Mailing Address

**Dodge Center** 

Candidate Name

Office Sought:

State:

City

E. Roland

Mailing Address

Bloomington

Candidate Name

Office Sought:

Purpose of Disbursement **Fundraising Consulting** 

IT Consulting

Purpose of Disbursement

State:

City

IT Consulting

Purpose of Disbursement

City

FOR LINE NUMBER: PAGE 42/50 Use separate schedule(s) (check only one) for each category of the 17 18 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Transaction ID: SB17.5139 Date of Disbursement 0 1 o 1 2008 State Zip Code Amount of Each Disbursement this Period MN 00000 250.00 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: Primary General Other (specify) Transaction ID: SB17.5153 Date of Disbursement 0 1 0 2 2008 State Zip Code Amount of Each Disbursement this Period 00000 MN 250.00 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: Primary General Other (specify) Transaction ID: SB17.4963 Date of Disbursement 0 1 2008 State Zip Code Amount of Each Disbursement this Period MN 55438 2500.00 Refund or Disposal of Excess

State:	President District:	Other (specify) ▼						
UBTOTAL (	of Disbursements This Page	(optional)	•	•		3000	0.00	
OTAL This	Period (last page this line nu	mber only)		•				_

General

Disbursement For: Primary

Category/

Type

Contributions Required Under

11 C.F.R. 400.53

A.

В.

C.

City

State:

City

State:

City

#### SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 43/50 Use separate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Brian Davis for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB17.5141 E. Roland Date of Disbursement 0 1 o 1 2008 Mailing Address 9001 Lakeview Rd Zip Code State Amount of Each Disbursement this Period Bloomington MN 55438 4892.92 Purpose of Disbursement **Fundraising Consulting** Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) District: Full Name (Last, First, Middle Initial) Transaction ID: SB17.5147 E. Roland Date of Disbursement 16 0 1 2008 Mailing Address 9001 Lakeview Rd State Zip Code Amount of Each Disbursement this Period 55438 Bloomington MN 1000.00 Purpose of Disbursement **Fundraising Consulting** Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: Full Name (Last, First, Middle Initial) Transaction ID: SB17.5151 E. Roland Date of Disbursement 2008 Mailing Address 9001 Lakeview Rd State Zip Code Amount of Each Disbursement this Period Bloomington MN 55438 1000.00 Purpose of Disbursement **Fundraising Consulting** Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District:

 $\triangleright$ 

State:

SUBTOTAL of Disbursements This Page (optional) ....

TOTAL This Period (last page this line number only)

6892.92

# SCHEDULE B (FEC Form 3 )

FOR LINE NUMBER: (check only one) PAGE 44/50 Use separate schedule(s) for each category of the

	EMIZED DISBURSEMENTS		Summary Page			X 17 20		_	18 20	,	19a 20d		19b 21	
	r Information copied from such Reports and Stator commercial purposes, other than using the na					for the	pur	oos	e o	fsoli	citing o	ontri	butions	
	NAME OF COMMITTEE (In Full)													
`	Brian Davis for Congress													
	Full Name (Last, First, Middle Initial) E. Roland									ID: S	B17.	5161		
	Mailing Address 9001 Lakeview Rd							7		0 6	7 / E	Y	008	
	City	State	Zip Code			An	าดเมท	t of	Fa	ch D	isburs	emer	nt this Period	
	Bloomington	MN	55438			[						-		
	Purpose of Disbursement Fundraising Consulting				•	L	Ref	unc	d or	Disr	osal o	_	000.00	
	Candidate Name				ategory/ Type	Ш	Cor	ntrik	outi		Require			
	Office Sought: House Disbut Senate President State: District:	Primary Other (sp	General ecify) ▼											
	Full Name (Last, First, Middle Initial)					Tra	nsa	ctic	on	ID: S	B17.	5164	•	
	E. Roland							_	_	rsem		\/ ° \		
	Mailing Address 9001 Lakeview Rd					o o	2 <sup>M</sup>		L	17		Ý 2	8008	
	City Bloomington	State MN	Zip Code 55438			An	oun	t of	Ea	ch D	isburs	emer	nt this Period	
	Purpose of Disbursement Fundraising Consulting				Ref	unc	d or	Disp	osal o	f Exc	315.91 ess			
	Candidate Name	Category/ Type						ons F 400.	Require 53	ed Ur	nder			
	Office Sought: House Disbuter Senate President State: District:	Primary Other (sp	General ecify) ▼											
	Full Name (Last, First, Middle Initial) E. Roland					Transaction ID: SB17.5171 Date of Disbursement								
	Mailing Address 9001 Lakeview Rd							_ /		2 9	′ [	Y Z	8008	
	City State Zip Code Bloomington MN 55438							t of	Ea	ch D	isburs	emer	nt this Period	
	Purpose of Disbursement							294.15						
	Fundraising Consulting  Candidate Name  Category/ Type						Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
	Senate President	Primary Other (sp	General ecify)											
_	State: District:								_			_	610.06	

FOR LINE NUMBER: (check only one) PAGE 45/50 Use separate schedule(s) for each category of the

LIMIZED DISBOTISEMENTS	Detailed	Summary Page		X 17	7 Da	$\dashv$	18		19a 20d		19b 21	
y Information copied from such Reports and Sta for commercial purposes, other than using the n				for the	pur		se c	of soli	citing (	cont	ributions	
NAME OF COMMITTEE (In Full)		71										
Brian Davis for Congress												
Full Name (Last, First, Middle Initial) E. Roland				Transaction ID: SB17.5174 Date of Disbursement								
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Mailing Address 9001 Lakeview Rd				C	3		Ĺ	0 3		<u>'</u>	ž 0 0 8 °	
City Bloomington	State MN	Zip Code 55438		Ar	nour	nt of	f Ea	ach D	isburs	eme	nt this Perio	
Purpose of Disbursement				1 L							1000.00	
Fundraising Consulting									osal c			
Candidate Name			tegory/ Type					ions F . 400.	Requir 53	ea C	nder	
	ursement For:											
Senate	Primary Other (en	General										
President State: District:	Other (sp	ecity) 🔻										
Full Name (Last, First, Middle Initial)				<b>+</b> _					D4 =			
E. Roland								<b>ID:</b> Sursem	B17.	o18	1	
					M N	_	/ <b>[</b>			Υ	A , A , A	
Mailing Address 9001 Lakeview Rd					3		L	<sup>D</sup> 1 5			ž 0 0 8 °	
City Bloomington	State MN	Zip Code 55438		Ar	nour	nt of	f Ea	ach D	isburs	eme	nt this Perio	
Purpose of Disbursement											1325.00	
Fundraising Consulting									osal c Requir			
Candidate Name			tegory/ Type		11	C.F	F.R	. 400.	53	ea c	rider	
	ursement For:											
Senate President	Primary Other (cr	General										
State: District:	Other (sp	ecity) 🔻										
Full Name (Last, First, Middle Initial)				-				ID: O	D47	400	0	
USPS				Da	ate o	f Di	isbı	ırsem			<b>v</b> • • • • • • • • • • • • • • • • • • •	
Mailing Address 1642 Hwy 52N					2	1	Ĺ	0 4	<u>'</u>	Υ	2008	
City Rochester	State MN	Zip Code 55901		Ar	nour	nt of	f Ea	ach D	isburs	eme	nt this Perio	
Purpose of Disbursement			•	1 L				_			20.60	
Postage Candidate Name			toger:/						osal c Requir			
			tegory/ Type					. 400.		<i>-</i> -	11001	
Office Sought: House Disbring Senate President	Primary	General										
State: District:	Other (sp	ecity) 🔻										
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FOR LINE NUMBER: PAGE 46 / 50 Use separate schedule(s) (check only one) for each category of the 17 18 19a 19b 20a 20b 20c 21

Detailed Summary Page Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Brian Davis for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB17.5165 A. Venture Computer Systems Date of Disbursement 25 0 2 2008 Mailing Address 3416 Lake Ridge Place City State Zip Code Amount of Each Disbursement this Period Rochester MN 55901 250.00 Purpose of Disbursement Rent Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17.5227 В. Victory Enterprises Date of Disbursement 0 3้ 0 2 2008 Mailing Address 5200 SW 30th St. Ste 7 City State Zip Code Amount of Each Disbursement this Period 55903 Davenport IΑ 6805.61 Purpose of Disbursement Campaign Literature/GOTV Consulting Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB17.5228 C. Victory Enterprises Date of Disbursement 03 2008 Mailing Address 5200 SW 30th St, Ste 7 City State Zip Code Amount of Each Disbursement this Period Davenport IΑ 55903 8816.93 Purpose of Disbursement Campaign Literature/GOTV Consulting Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 15872.54 SUBTOTAL of Disbursements This Page (optional) ... TOTAL This Period (last page this line number only) 

# SCHEDULE B (FEC Form 3 )

FOR LINE NUMBER: PAGE 47/50 Use separate schedule(s) (check only one) 17 18 19b 20a 20b 20c 21

ITEMIZED DISBURSEMENTS for each category of the **Detailed Summary Page** Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Brian Davis for Congress Full Name (Last, First, Middle Initial) Transaction ID: SB17.5177 A. Victory Enterprises Date of Disbursement 06 0 3 2008 Mailing Address 5200 SW 30th St, Ste 7 City State Zip Code Amount of Each Disbursement this Period Davenport IΑ 55903 14148.47 Purpose of Disbursement Campaign Literature/GOTV Consulting Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	14148.47
TOTAL This Period (last page this line number only)	<b>—</b>	87701.25

# SCHEDULE C (FEC Form 3 ) LC

Use separate schedule(s)

PAGE 48 / 50

LOANS	for each category of th Detailed Summary Pag	e FOR LINE NUMBER: (check only one) X 13a 13b
NAME OF COMMITTEE (In Full) Brian Davis for Congress	Tro	nsaction ID: SC/10.5333
LOAN SOURCE Full Name (Last, First, Middle Initial) Brian James Davis	Tra	Election:  X Primary General
Mailing Address 839 Amber Ridge Ln SW		☐ Other (specify) ▼
City Rochester State MN ZIP Cod Original Amount of Loan Cumulative Payment To		and Outstanding at Olses of This Desired
24000.00	0.00	nce Outstanding at Close of This Period 24000.00
TERMS Date Incurred Date Due	Interest	Rate Secured:
M M M D D D D D 2008 None		0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		24000.00
TOTALS This Period (last page in this line only)		24000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to ap	propriate line of Summary.

SCHE	DULE D (FEC Forn	13)		(Use	separate	PAGE 49	/ 50
	•	•			redule(s)	FOR LINE NUMBER	R:
	S AND OBLIGATIO .	NS			or each bered line)	(check only one)	9
	ling Loans			Hulli	berea line)		X   10
	OF COMMITTEE (In Fu Davis for Congress	1)					
	Full Name (Last, First, M ch & Hoos LLC	liddle Initial) of Debtor	or Creditor			ebt (Purpose): g Consulting	
Mai	ling Address 901 N W	ashington St, Ste	102				
City	v exandria	State VA	ZIP Code 22314				
	Outstanding Balance Beg	inning This Period			Tra	nsaction ID: SD10.53	331
		0.00					
1,	Amount Incurred T	his Period	Payment This Period		Outstandir	ng Balance at Close of	This Period
L		1438.65	0.00				438.65
	Full Name (Last, First, M T Group	liddle Initial) of Debtor	or Creditor		Nature of D Media Pro	ebt (Purpose): oduction	
Mai	ling Address 411 N B	roadway					
City Ro	r chester	State MN	ZIP Code 55906				
	Outstanding Balance Beg	inning This Period			Trai	nsaction ID: SD10.53	330
		0.00					
١,	Amount Incurred T	his Period	Payment This Period		Outstandir	ng Balance at Close of <sup>-</sup>	This Period
L		640.30	0.00				640.30
	Full Name (Last, First, M tory Enterprises	liddle Initial) of Debtor	or Creditor		Nature of D GOTV Co Literature	ebt (Purpose): nsulting/Campaign	
Mai	ling Address 5200 SV	V 30th St, Ste 7					
City		State	ZIP Code				
	venport	IA	55903			.: 15 0010.40	200
	Outstanding Balance Beg				Trai	nsaction ID: SD10.49	926
L	Amount Incurred T	6805.61	Payment This Period		Outstandir	og Palanca at Class of T	This Doried
Ιſ	Amount incurred i	0.00	6805.61	,	Outstandii	ng Balance at Close of <sup>-</sup>	0.00
		0.00	0000.01				0.00
1) SU	BTOTALS This Period	This Page (optional)		•	-	2078.	95
2) TO	TALS This Period (last p	age this line number o	nly)	)	-		
3) TO	TAL OUTSTANDING LO	DANS from Schedul	e C. (last page only)				

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

# PAGE 50 / 50 SCHEDULE D (FEC Form 3 ) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Brian Davis for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Literature/GOTV Consulting Victory Enterprises Mailing Address 5200 SW 30th St, Ste 7 ZIP Code City State 55903 Davenport IΑ Outstanding Balance Beginning This Period Transaction ID: SD10.5329 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 8725.35 0.00 8725.35 8725.35 1) SUBTOTALS This Period This Page (optional)..... 10804.30 2) TOTALS This Period (last page this line number only)..... 24000.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

34804.30